



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E391180**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	<b>15-00092</b>
LOCAL AGENCY CODING	
TOTAL # OF UNITS	<b>01</b>
OBJECT STRUCK	

DATE OF COLLISION	<b>01</b>	<b>-</b>	<b>10</b>	<b>-</b>	<b>2015</b>	TIME (2400)	<b>1430</b>	COUNTY #	<b>31</b>	MILES	<b>0664</b>	CITY #	<b>0664</b>
M M D D Y Y Y Y													
N S E W IN OF													

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

STATE ROUTE **9** BLOCK NO. ☒ **1000** MILE POST ☐

DISTANCE **150** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **LUNDEEN PARKWAY** ☒ S ☒ W ☐

UNIT **01** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253195487**

LAST NAME **CRANE** FIRST NAME **DEREK** MIDDLE INITIAL **S**

STREET NEW ADDRESS **614 NEWBERG RD**

CITY **SNOHOMISH** ST **WA** ZIP **982904567**

CDL **B** RESTRICTIONS **B** ENDORSEMENTS

DRIVER'S LICENSE # **CRANEDS1110B** STATE **WA** SEX **M** D.O.B. **09** **02** **1989**

ON DUTY ☐ STATUS **2** AIRBAG **9** RESTR. **1** EJECT **1** HELMET USE **1** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **821YRA** STATE **WA** VIN# **4A3AL54FXTE311219**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1996** MAKE **MIT** MODEL **ECLCP** STYLE **2H** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **VEHICLE LEGALLY STANDING** YES ☐ NO ☐ CITATION # CHARGE



UNIT **02** MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. **MMDDYYYY** **-** **-**

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **VEHICLE LEGALLY STANDING** YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **130** AGENCY **WA0311900**

PAGE 01 OF 3



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E391180

CASE #

15-00092

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Vehicle 1 driver stated that he was travelling W/B on Lundeen Parkway and turning left onto S/B SR9. V ehicle 1 driver stated that he was going to fast and lost control of the vehicle. Driver said that he overcorrected as the the rear of the vehicle broke loose. The vehicle left the roadway on west shoulder of the roadway, coming to rest in the ditch. Driver stated that he was going too fast in the rain. Driver stated he did not have any insurance.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-11-15 07:01 AM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

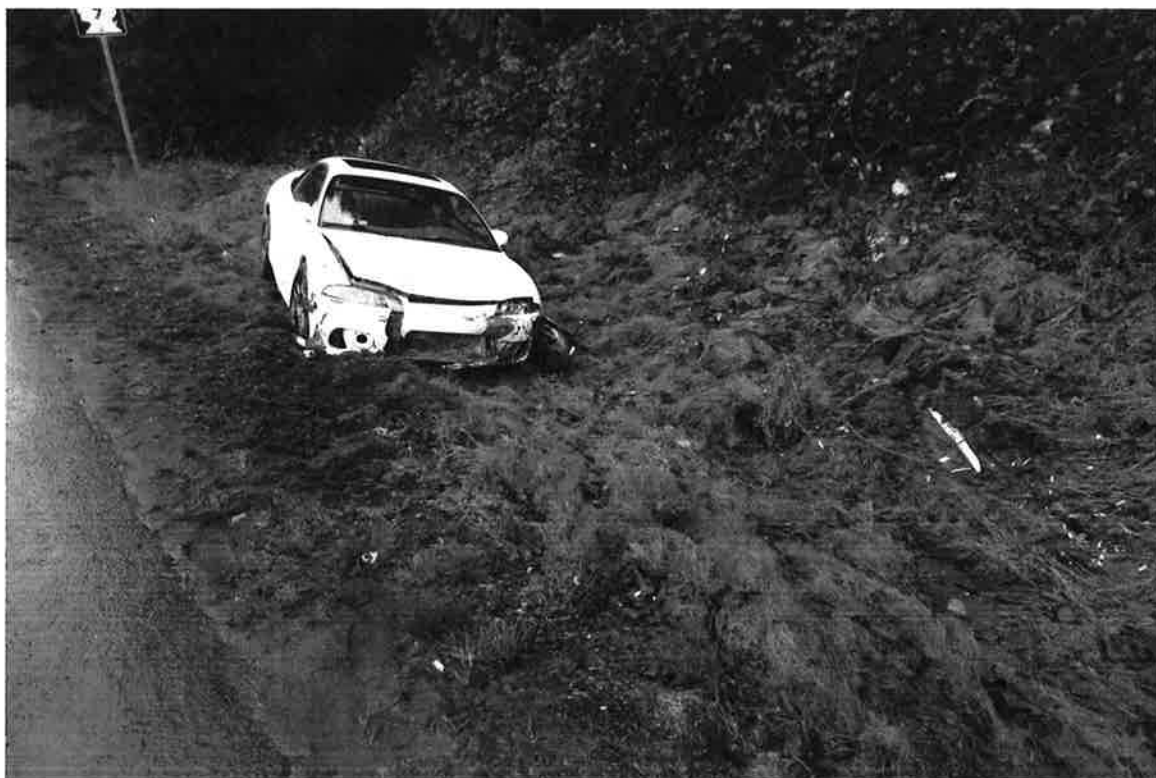
1/11/2015 3:18:59 PM

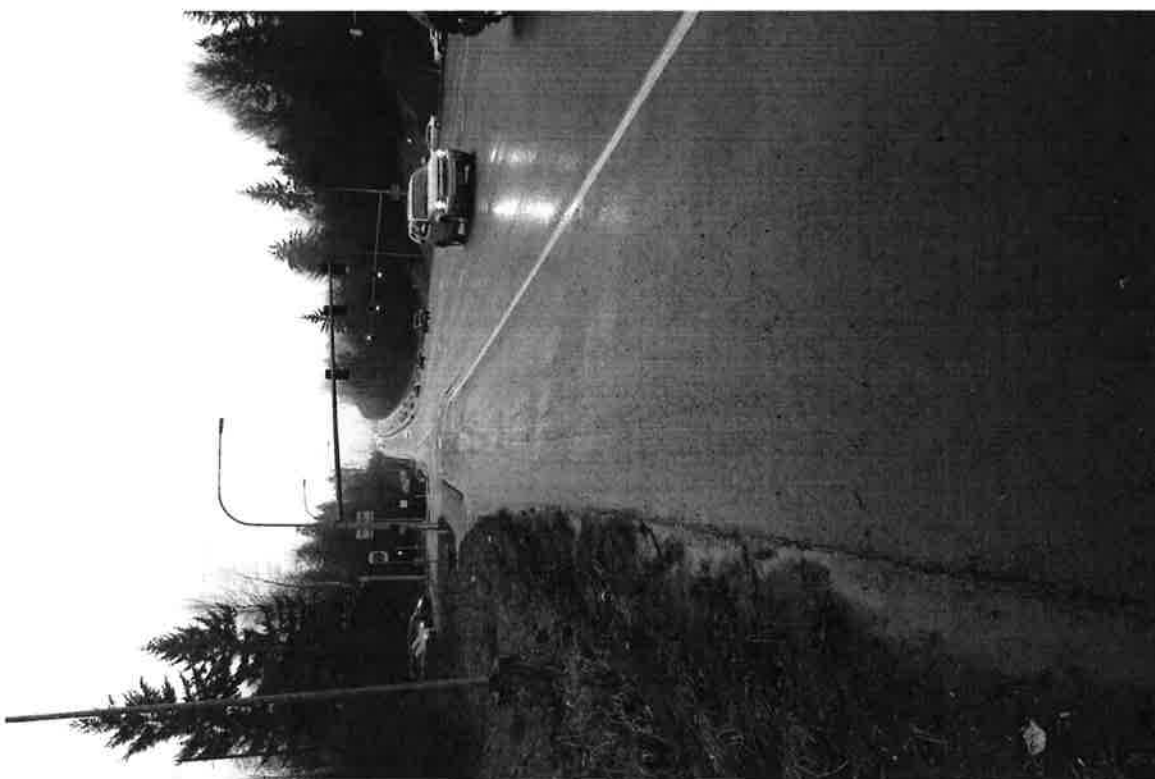
BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	2:35 PM	TIME POLICE ARRIVED	2:42 PM
---------------	-----	-------	-----------	------------------------	---------	---------------------	---------















LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>Rutherford #130</i>	Case Number <i>1500092</i>
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>	Type of Case: <i>Collision</i>	Date/Time: <i>1-10-15</i>

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING

\*Evi will be held until court dispo or when the Statute of Limitations has expired  
\*Found and Sfgk will be held for 60 days or 60 days past owner notification

Case #	Item # <i>1</i>	Item <i>OP</i>	Brand Name <i>Compassion</i>	Storage Location	Disposition	
	Action # <i>3</i>	Brand/Model/Caliber <i>(Further Description)</i>				
		Serial #	Where Found			Weight of Narcotic
	Owner's Name Address City State Zip Phone #					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						
Case #	Item #	Item	Brand Name	Storage Location	Disposition	
	Action #	Brand/Model/Caliber <i>(Further Description)</i>				
		Serial #	Where Found			Weight of Narcotic
	Owner's Name Address City State Zip Phone #					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						
Case #	Item #	Item	Brand Name	Storage Location	Disposition	
	Action #	Brand/Model/Caliber <i>(Further Description)</i>				
		Serial #	Where Found			Weight of Narcotic
	Owner's Name Address City State Zip Phone #					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						
Case #	Item #	Item	Brand Name	Storage Location	Disposition	
	Action #	Brand/Model/Caliber <i>(Further Description)</i>				
		Serial #	Where Found			Weight of Narcotic
	Owner's Name Address City State Zip Phone #					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						
Case #	Item #	Item	Brand Name	Storage Location	Disposition	
	Action #	Brand/Model/Caliber <i>(Further Description)</i>				
		Serial #	Where Found			Weight of Narcotic
	Owner's Name Address City State Zip Phone #					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						
Evidence Control Use Only:						
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

Incident History for: #SS15000570

Case Numbers: \$SS15000092

Received 01/10/15 14:33:48 BY SPCT05 SP0285  
Entered 01/10/15 14:34:47 BY SPCT05 SP0285  
Dispatched 01/10/15 14:35:12 BY SPDP17 SP0203  
Enroute 01/10/15 14:35:12  
Onscene 01/10/15 14:42:59  
Closed 01/10/15 15:00:31

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST

Src: 9

Loc: LUNDEEN PK/SR 9 NE ,LKS (V)

Latitude: (+) 48.003227 Longitude: (-) 122.106468

Loc Info: JUST NORTH

Name: FREEMAN, BONNIE

Addr:

Phone: 5302495106

/1434 (SP0285) ENTRY ,AC, NON INJ, NON BLKING, SINGLE VEH OFF RDWAY,  
WHI 4DR PC  
/1435 (SP0203) DISPER 19D1 #SS105 IRWIN, OFFICER (DENNIS)  
/1435 ASSTER 19D3 [SOPER HILL RD/SR 9 NE ,LKS]  
#SS130 RUTHERFORD, OFCR (RICH)  
/1440 CHANGE LOC: SOPER HILL RD/SR 9 NE ,LKS --> LUNDEEN PK/  
SR 9 NE ,LKS  
/1442 (SS105 ) \*ONSCNE 19D1  
/1443 (SP0203) MISC 19D1 ,ON SR 9 SB SO LUNDEEN  
/1443 (\*\*\*\*\*) REMINQ 19D3 821YRA  
/1443 (SP0203) REMINQ 19D3 LIC, 19D3, 821YRA, ,,  
/1443 ONSCNE 19D3  
/1446 (SS130 ) REMINQ 19D3 MDTWANT, , , , , , WA, CRANEDS1110B, , , , , , X, , , , ,  
/1447 (SP0203) CLEAR 19D1  
/1452 ASNCAS 19D3 \$SS15000092  
/1500 (SP0368) CLEAR 19D3 D/H  
/1500 CLOSE 19D3